ICMJE Form for Disclosure of Potential Conflicts of Interest

Instructions

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1. Identifying information.

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5. Relationships not covered above.

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**Section 1. Identifying Information**

1. Given Name (First Name) Bryce
2. Surname (Last Name) Basques
3. Date 05-June-2014
4. Are you the corresponding author? [ ] Yes [✔] No
   Corresponding Author’s Name Jonathan Grauer
5. Manuscript Title General Versus Spinal Anesthesia for Total Hip Arthroplasty
6. Manuscript Identifying Number (if you know it)

**Section 2. The Work Under Consideration for Publication**

Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)? Are there any relevant conflicts of interest? [✔] Yes [ ] No

If yes, please fill out the appropriate information below. If you have more than one entity press the “ADD” button to add a row. Excess rows can be removed by pressing the “X” button.

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<td>National Institutes of Health</td>
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<td>Research reported in this publication was supported by the National Center for Advancing Translational Sciences of the National Institutes of Health under Award Number TL1TR000141.</td>
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Are there any relevant conflicts of interest? [ ] Yes [✔] No
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Section 4. Intellectual Property -- Patents & Copyrights

Do you have any patents, whether planned, pending or issued, broadly relevant to the work? ☐ Yes ☑ No

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Dr. Basques reports grants from National Institutes of Health during the conduct of the study.

Evaluation and Feedback

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**Section 1. Identifying Information**

1. **Given Name (First Name)**
   Daniel

2. **Surname (Last Name)**
   Bohl

3. **Date**
   05-June-2014

4. **Are you the corresponding author?**
   ✔ No

   **Corresponding Author’s Name**
   Jonathan Grauer

5. **Manuscript Title**
   General Versus Spinal Anesthesia for Total Hip Arthroplasty

6. **Manuscript Identifying Number (if you know it)**

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Dr. Bohl has nothing to disclose.

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## Section 1. Identifying Information

1. Given Name (First Name)  
Jonathan

2. Surname (Last Name)  
Grauer

3. Date  
05-June-2014

4. Are you the corresponding author?  
☑ Yes  ☐ No

5. Manuscript Title  
General Versus Spinal Anesthesia for Total Hip Arthroplasty

6. Manuscript Identifying Number (if you know it)

## Section 2. The Work Under Consideration for Publication

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Dr. Grauer reports personal fees from Legal case reviews, personal fees from Affinergy, personal fees from Alphatec, personal fees from Bioventus, personal fees from Depuy, personal fees from Harvard Clinical Research Institute, personal fees from Powered Research, personal fees from Stryker, personal fees from Transgenomic, grants and personal fees from Smith and Nephew, personal fees from Medtronic, personal fees from KCI, outside the submitted work.
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## Section 1. Identifying Information

1. **Given Name (First Name)**
   - Jason

2. **Surname (Last Name)**
   - Toy

3. **Date**
   - 05-June-2014

4. **Are you the corresponding author?**
   - Yes

5. **Manuscript Title**
   - General Versus Spinal Anesthesia for Total Hip Arthroplasty

6. **Manuscript Identifying Number (if you know it)**

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| 1. Given Name (First Name) | Nicholas |
| 2. Surname (Last Name) | Golinvaux |
| 3. Date | 05-June-2014 |
| 4. Are you the corresponding author? | Yes |

Corresponding Author’s Name: Jonathan Grauer

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Did you or your institution at any time receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest? Yes

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Dr. Golinvaux has nothing to disclose.

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